STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED	
		155715	B. WING		06/21/2012	
				ADDRESS, CITY, STATE, ZIP CODE	l	
NAME OF I	PROVIDER OR SUPPLIE	R		CHURCH AVE		
LUTHER	AN COMMUNITY I	HOME		OUR, IN 47274		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIE)	NCY MUST BE PERCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		
TAG	REGULATORY OI	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE	
F0000						
F0000	This visit was for State Licensure	or the Recertification and Survey. une 18, 19, 20 and 21, : 000347 or: 155715 00275440 I, TC n, RN an, RN e:	F0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of the fact set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction as our credical allegation of compliance.	e s	
	Total: 139					
		aple: 7 ies also reflect state accordance with 410 IAC				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

TITLE

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/05/2012 FORM APPROVED OMB NO. 0938-0391

	OF CORRECTION OF CORRECTION 155715	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	COM	TE SURVEY IPLETED 21/2012		
	PROVIDER OR SUPPLIER AN COMMUNITY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 111 W CHURCH AVE SEYMOUR, IN 47274					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE API DEFICIENCY)	ULD BE	(X5) COMPLETION DATE		
	Quality review completed 6/22/12 Cathy Emswiller RN						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet

Page 2 of 19

	TOF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER: 155715	(X2) MULTIPLE CO A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 06/21/2012
	PROVIDER OR SUPPLIER AN COMMUNITY HOME	STREET	ADDRESS, CITY, STATE, ZIP CODE CHURCH AVE DUR, IN 47274	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
F0157 SS=G	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.			
	Based on observation, interview, and record review the facility failed to ensure nursing staff promptly notified the physician of Resident #34's pressure ulcer	F0157	F 157 Notify of Changes It is to policy of this facility to immediately inform the reside consult with the resident's physician; and if known, notify resident's legal representative	nt, the

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet

Page 3 of 19

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPL	ETED
		155715	B. WIN			06/21/	2012
					ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIER	<u>C</u>		1	CHURCH AVE		
LUTHER	AN COMMUNITY F	IOME			OUR, IN 47274		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	+	TAG	·		DATE
		a stage 1 pressure sore on			an interested family member when there is an accident		
	5/22/12, which p	rogressed to a stage 2 on			involving the resident which		
	5/31/12 and to a stage 3 on 6/20/12, for 1				results in injury and has the		
	of 21 residents re	eviewed for notification			potential for requiring physicial	n	
	in the sample of	21			intervention; a significant chan		
	in the sample of	-1.			in the resident's physical, men		
	Findin on In dod				or psychosocial status; a need	to	
	Findings Include	·			alter treatment significantly; or		
					decision to transfer or discharg	ge	
	On 06/18/12 at 10:00 a.m. Resident #34 was observed to have an open are on her				the resident from the		
					facility.Corrective Action For T		
	coccyx.				Resident Affected:The physicial was notified of the decline in the		
					resident's pressure area and	IE	
	Review of Resident #34's clinical record				orders were received and		
					implemented for the treatment	of	
		:15 p.m. indicated the			her pressure area. The reside		
	following:				had been declining for several		
					weeks and her decline ended i		
	A physician's re-	write, signed 5/26/12,			her passing away the day after		
	included an orde	r which was started			the close of our survey. Other		
	5/25/2012 for "	Facility Barrier Cream -			Residents Having The Potentia	al	
		buttocks, & peri area			To Be Affected:All residents	_	
		for maintenance."			having pressure sores have the potential to be affected. The	е	
	uniee unies a day	for maintenance.			charts of all residents with		
					pressure sores were audited to	,	
		ated 05/22/12 at 9:00 p.m.			assure that current	-	
	indicated, "Asses	ssed pressure 1 area to			documentation is accurate and	d l	
	coccyx. Area is	chronic condition & will			that the wound treatment is		
	_	for area to be continue			appropriate for the stage of the	e	
	1	c). Area is opened this			wound. (Attachment	_	
		g $0.4 \times 0.4 \times (less than)$			titled Weekly Wound Audit). T	he	
		`			charts were also audited to		
		nue A&D ointment q			ensure that the appropriate communication and notification	n of	
		e's note was signed by			the physician was occurring.		
	LPN #2.				of the other resident's care and		
					notification was found to be	-	
	A weekly pressu	re ulcer healing record			appropriate.New wound proces	ss	
		ndicated Resident #34			checklists with step-by-step		
	dated 03/22/12 II	Transactor Resident #34					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet Page 4 of 19

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULT		ULTIPLE CC	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	a. building 00			COMPLETED
		155715	A. BUII B. WIN			06/21/2012
			B. WIIV		ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	PROVIDER OR SUPPLIEF	₹			CHURCH AVE	
LLITHED	AN COMMUNITY H	IOME			DUR, IN 47274	
	AN COMMONTT	IONE		SETIVIC		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	ICY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
		.4 cm stage 1 pressure			instructions on how to handle	
	area on her cocc	yx "Area opened up.			pressure areas were develope (Attachment titled Wound	·u.
	Cont [Continue]	A&D ointment			Process Checklist). SBAR for	ms
	(preventative oir	ntment frequently used for			for pressure ulcer status	
	diaper rash)."				notification was initiated for	
					nursing staff to use in notifying	ı
	A nurgala nata	ated 05/24/12 at 8:20			the physician of significant	
	A nurse's note, dated 05/24/12 at 8:30 p.m., indicated a physician's response to				changes in wound status, to	
	_				request treatment changes, ar	
		lood sugars. The nurse's			to suggest possible appropriat	l l
	note lacked docu	imentation supporting the			wound treatments. (Attachme titled SBAR; Pressure Ulcer	ni.
	physician was no	otified of Resident #34			Status Notification). A referen	ce
	having a new op	en area.			sheet was developed for making	
					treatment recommendations to	_
	A Weekly Pressi	ure Ulcer Healing Record,			the physician based upon the	
	1	indicated, "Area open -			wound stage and this is includ	ed
		•			in the new wound process	
		[centimeter] 0.2 cm deep,			packet. (Attachment titled	
	•	I wound with moist			Treatment Recommendations Reference Sheet). The daily	
	collagen & Allev	vyn dsy [dressing]."			documentation of pressure	
					areas was revised. (Attachme	ent
	A nurse's note da	ated 05/31/12 at 10:30			titled Pressure Ulcer Daily	
	p.m. indicated, "	When checking Res			Documentation). New forms w	ere
	_	coccyx, found that area			placed in the nurses notes and	t l
	·	pprox [approximately] 1.0			pink pressure ulcer alert tabs	
	x 1.0 cm, round				were placed on the spine of th	
					charts of residents with pressuareas. (Attachment titled	ire
	1 -	olor. 0 [No] drainage.			Pressure Alert). The Weekly	
		leep. Cleansed area c			Pressure Ulcer Healing Record	d
	=	line]. Applied moistened			forms were revised to make th	
		treatment) to area, then			easier for all nursing staff to	
	applied Allevyn	(wound treatment) Thin			complete accurately.	
	to area. Left ms	g in care track for wound			(Attachment titled Weekly	
	care nurse (LPN #2)." During interview,				Pressure Ulcer Record). Nurs	
	`	30 A.M., with LPN #3,			staff education was completed	l l
		e had applied the collagen			June 26th and 28th to provide training related to pressure uld	l l
					with a focus on staging, treatm	
	i and dressing bed	ause the area was open			I man a room on staging, treating	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet Page 5 of 19

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 00 COMPLET.			ETED	
		155715	B. WIN			06/21/2	2012
			b. Will		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIE	R			CHURCH AVE		
LUTHER	AN COMMUNITY I	HOME			DUR, IN 47274		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE.	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION)		TAG			DATE
	and had left a no	ote in caretracker for the			recommendations and proper		
	wound nurse. S	he indicated she thought			physician notification. (Attachment titled Pressure		
	the area needed	a dressing as it was open.			Ulcers Staff Education POC		
	LPN #3 indicate	ed she had not notified a			2012). The new forms and		
	physician.				process for handling new and		
	I Jana				worsened pressure areas was	;	
	The next entry of	on the Weekly Pressure			discussed.Systemic Changes		
	_	ecord, dated 06/05/12,			And Steps To Ensure That Th	e	
	_				Deficient Practice Does Not Recur:Pressure ulcer training	will	
		ea was "improved" and			occur during new employee	VVIII	
	A&D ointment was used. Wound				orientation that will focus on o	ur	
		or this date were 0.8 cm x			policy with emphasis on stagii	ng	
	0.7 cm, a stage 2	2 pressure ulcer.			and MD notification for change		
					in wound status. (Attachment		
	A Weekly Press	ure Ulcer Healing Record,			titled Pressure Ulcers Educati	on	
	dated 06/12/12	indicated Resident #34's			NEO). A wound process checklist was developed that	will	
	coccyx area wou	and measured 0.2 x 0.6			guide the staff in their care an		
	cm. and A&D o	intment was the treatment			will be turned into the Director		
	at this time, a sta	age 2 pressure ulcer.			Nursing or her designee for		
	,				review. (Attachment titled Wo		
	A nurses notes e	entry, dated 6/14/12 8			Process Checklist). These wi then be forwarded to the would be the world by the wor		
		'assessed pressure I area			care nurse. The Director of	iu	
	_	sures .2 by .2 by less than			Nursing or her designee will		
	.1. A & D conti				visualize each pressure area		
		dependant on staff for all			the building weekly and review	v	
	_	dependant on starr for an			documentation in the clinical		
	care"				record for accuracy and appropriate physician notificat	ion	
					The Director of Nursing will ke		
		lephone order, dated			an audit tool to track her week		
	1	ted, "Pressure Area to			wound checks.(Attachment		
	· ·	e c NS [Normal Saline]			titled Weekly Wound	_	
		piece, foam & cover q day			Audit).Monitoring of Corrective Action:Audit results will be	∌	
	& prn x 7 days &	& re-eval."			reviewed by the Quality		
					Assurance Committee monthl	y	
	The facility lack	ted evidence of the			for six months. If the		
	physician having	g been notified of the area			appropriate care and		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet

Page 6 of 19

NAME OF PROVIDER OR SUPPLIER LUTHERAN COMMUNITY HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Opening from a stage 1 pressure area on 5/22, to a stage 2 pressure area on 5/21/12, and remaining a stage 2 pressure area, until 6/18/12. On 06/20/12 at 1:35 p.m. LPN #2 was observed to measure the area on Resident #34's coccyx. The area measured 1.5 length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse Supervisor/Charge Nurse will notify the	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S	SURVEY	
NAME OF PROVIDER OR SUPPLIER LUTHERAN COMMUNITY HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY PILL). TAG REGULATORY OR IS.C IDENTIFYING INFORMATION) opening from a stage 1 pressure area on 5/22, to a stage 2 pressure area on 5/31/12, and remaining a stage 2 pressure area, until 6/18/12. On 06/20/12 at 1:35 p.m. LPN #2 was observed to measure the area on Resident #34's coccyx. The area measured 1.5 length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse" STREET ADDRESS, CITY, STATE, ZIP CODE 1111 W CHURCH AVE SEYMOUR, IN 47274 STREET ADDRESS, CITY, STATE, ZIP CODE 1111 W CHURCH AVE SEYMOUR, IN 47274 SEYMOUR, IN 47274 SEYMOUR, IN 47274 ID PREFIX TAG PROVIDES PLANOF CORRECTION (XS) COMPLETION COMPLE	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A DI 111	LDING	00	COMPL	ETED
STREET ADDRESS, CITY, STATE, ZIP CODE			155715				06/21/	2012
LUTHERAN COMMUNITY HOME LUTHERAN COMMUNITY HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL AG REGULATORY OR LSC IDENTIFYING INFORMATION) Opening from a stage 1 pressure area on 5/31/12, and remaining a stage 2 pressure area, until 6/18/12. On 06/20/12 at 1:35 p.m. LPN #2 was observed to measure the area on Resident #34's coccyx. The area measured 1.5 length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse 1111 W CHURCH AVE SEYMOUR, IN 47274 ITD PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG OCOMPLETION SIGNED BY COMPLETION DATE AS ample size of 25% will be completed monthly. If opportunities for improvement are identified through the random audit, a full audit will resume. If after 6 months of random audits, 100% compliance continues, auditing will stop. Pressure area will always be an area of concern and will continue to remain on the agenda monthly for the Quality Assurance Committee to review and discuss.				b. Will		ADDRESS CITY STATE ZIP CODE		
CAJ ID SUMMARY STATEMENT OF DEFICIENCES TAG SUMMARY STATEMENT OF DEFICIENCES TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	NAME OF I	PROVIDER OR SUPPLIEF	2					
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) opening from a stage 1 pressure area on 5/32/2, to a stage 2 pressure area on 5/31/12, and remaining a stage 2 pressure area, until 6/18/12. On 06/20/12 at 1:35 p.m. LPN #2 was observed to measure the area on Resident #34's coccyx. The area measured 1.5 length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse" COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX TAG PREFIX TAG PREFIX TAG ROGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETION DATE COMPLETION SMECLED TO THE APPROPRIATE DOCUMENT TO SUBLICURS. COMPLETION DATE COMPLETION DATE COMPLETION DATE COMPLETION DATE Adocumentation is completed 100% of the time, monthly monitoring will be stopped and random audit will occur. A sample size of 25% will be completed monthly. If opportunities for importunities for anomalouties, along the facility will occur. A sample size of 25% will be completed monthly. If opportunities for anomalouties, along the facility will occur. A sample size of 25% will be completed monthly. If opportunities for anomalouties, along the facility will occur. A sample size of 25% will be completed monthly monitoring will be stopped and random audit will occur. A sample size of 25% will be completed monthly. If opportunities for anomalouties, along the facility will occur. A sample size of 25% will be completed monthly. If opportunities for anomalouties, along the facility will occur. A sample size of 25% will be completed monthly. If opportunities for anomalouties, along the facility will occur. A sample size of 25% will be completed monthl	LUTHER	AN COMMUNITY H	HOME					
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) opening from a stage 1 pressure area on 5/32, to a stage 2 pressure area on 5/31/12, and remaining a stage 2 pressure area, until 6/18/12. On 06/20/12 at 1:35 p.m. LPN #2 was observed to measure the area on Resident #34's coccyx. The area measured 1.5 length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse"		SUMMARY S	TATEMENT OF DEFICIENCIES		ID			(X5)
opening from a stage 1 pressure area on 5/22, to a stage 2 pressure area on 5/31/12, and remaining a stage 2 pressure area, until 6/18/12. On 06/20/12 at 1:35 p.m. LPN #2 was observed to measure the area on Resident #34's coccyx. The area measured 1.5 length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse" documentation is completed 100% of the time, monthly monitoring will be stopped and random audits will occur. A sample size of 25% will be completed monthly. If opportunities for improvement are identified through the random audit, a full audit will resume. If after 6 months of random audits, 100% compliance continues, auditing will stop. Pressure areas will always be an area of concern and will continue to remain on the agenda monthly for the Quality Assurance Committee to review and discuss.		`				CROSS-REFERENCED TO THE APPROPRIA	ΓE	
5/22, to a stage 2 pressure area on 5/31/12, and remaining a stage 2 pressure area, until 6/18/12. On 06/20/12 at 1:35 p.m. LPN #2 was observed to measure the area on Resident #34's coccyx. The area measured 1.5 length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse	TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	•		DATE
5/31/12, and remaining a stage 2 pressure area, until 6/18/12. On 06/20/12 at 1:35 p.m. LPN #2 was observed to measure the area on Resident #34's coccyx. The area measured 1.5 length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse monitoring will be stopped and random audits will occur. A sample size of 25% will be completed monthly. If opportunities for improvement are identified through the random audit, a full audit will resume. If after 6 months of random audits, 100% compliance continues, auditing will stop. Pressure areas will always be an area of concern and will continue to remain on the agenda monthly for the Quality Assurance Committee to review and discuss.		opening from a s	stage 1 pressure area on			·		
random audits will occur. A sample size of 25% will be completed monthly. If opportunities for improvement are identified through the random audit, a full audit will resume. If after 6 months of random audits, a full audit will resume. If after 6 months of random audits, a full audit will resume. If after 6 months of random audits, a full audit will resume. If after 6 months of random audits, after 6 months of random audit, after 6 months of random audits, a		5/22, to a stage 2	2 pressure area on		•			
area, until 6/18/12. On 06/20/12 at 1:35 p.m. LPN #2 was observed to measure the area on Resident #34's coccyx. The area measured 1.5 length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. Sample size of 25% will be completed monthly. If opportunities for improvement are identified through the random audit, a full audit will resume. If after 6 months of random audits, 100% compliance continues, auditing will stop. Pressure areas will always be an area of concern and will continue to remain on the agenda monthly for the Quality Assurance Committee to review and discuss.		5/31/12, and rem	naining a stage 2 pressure					
On 06/20/12 at 1:35 p.m. LPN #2 was observed to measure the area on Resident #34's coccyx. The area measured 1.5 length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. Completed monthly. If opportunities for improvement are identified through the random audit, a full audit will resume. If after 6 months of random audits, 100% compliance continues, auditing will stop. Pressure areas will always be an area of concern and will continue to remain on the agenda monthly for the Quality Assurance Committee to review and discuss.		area, until 6/18/1	12.					
On 06/20/12 at 1:35 p.m. LPN #2 was observed to measure the area on Resident #34's coccyx. The area measured 1.5 length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse								
observed to measure the area on Resident #34's coccyx. The area measured 1.5 length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse							are	
observed to measure the area on Resident #34's coccyx. The area measured 1.5 length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse		On 06/20/12 at 1:35 p.m. LPN #2 was						
#34's coccyx. The area measured 1.5 length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse			-					
length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse							īS,	
was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse will always be an area of concern and will continue to remain on the agenda monthly for the Quality Assurance Committee to review and discuss.		length x 1.1 width x 1.5 depth. The area was observed to have yellow slough in				•	eas	
was observed to have yellow slough in center with pink surrounding the slough. LPN #2 indicated the area was a stage III area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse								
LPN #2 indicated the area was a stage III area. Assurance Committee to review and discuss. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse								
area. The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse						agenda monthly for the Quality	/	
The clinical record was reviewed on 6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse		LPN #2 indicate	d the area was a stage III				W	
6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse		area.				and discuss.		
6/21/12 at 9:00 A.M. and documentation was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse								
was lacking of the facility having made the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse		The clinical reco	ord was reviewed on					
the physician aware of the area worsening to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse		6/21/12 at 9:00 A	A.M. and documentation					
to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse		was lacking of th	ne facility having made					
to a stage 3 pressure ulcer. The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse		the physician aw	rare of the area worsening					
The policy and procedure, obtained from the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse		to a stage 3 press	sure ulcer.					
the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse								
the Director of Nursing, on 6/21/12 at 9:30 A.M., no date, indicated, "The Nurse		The policy and p	procedure, obtained from					
9:30 A.M., no date, indicated, "The Nurse								
			•					
Super 1 1001/ Charge 1 14100 1111 11011/ the		· ·						
resident's Attending Physician or On call		-	-					
Physician when there has been:a								
		_						
significant change in the residents								
physical/emotional/mental conditiona								
need to alter the residents medical								
treatment significantlyexcept in medical			2					
emergencies notification will be made		emergencies not	ification will be made					
within twenty four hours of a change		within twenty fo	ur hours of a change					
occurring in the residentsstatus.		occurring in the	residentsstatus.					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet Page 7 of 19

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/05/2012 FORM APPROVED OMB NO. 0938-0391

	TOF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER: 155715	(X2) MULTIPLE CO A. BUILDING B. WING	00	COM	TE SURVEY MPLETED 21/2012		
	PROVIDER OR SUPPLIER AN COMMUNITY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 111 W CHURCH AVE SEYMOUR, IN 47274					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
	3.1-40(a)(2)						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet

Page 8 of 19

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155715	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00			(X3) DATE SURVEY COMPLETED 06/21/2012	
	PROVIDER OR SUPPLIER		B. WING	STREET A	ADDRESS, CITY, STATE, ZIP CODE CHURCH AVE OUR, IN 47274		
(X4) ID PREFIX TAG F0314	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE
SS=G	TREATMENT/SV PRESSURE SO Based on the color a resident, the faresident who ent pressure sores of sores unless the demonstrates the and a resident has receives necessing prevent new sore Based on observer record review the a resident did not pressure sore who facility, in that Robserved to have on 5/22/12 which on 5/31/12 and to without physicial worsening, for 1 for pressure ulce. Findings Include On 06/18/12 at 1 CNA #2 were obtained in the continence care resident was obstinuontinent of both while CNA #1	mprehensive assessment of icility must ensure that a ers the facility without loes not develop pressure individual's clinical condition at they were unavoidable; aving pressure sores ary treatment and services to prevent infection and es from developing. ation, interview, and efacility failed to ensure to develop a stage 3 ille residing within the esident #34 was a stage 1 pressure sore in progressed to a stage 2 of a stage 3 on 6/20/12 in notification of the area of 5 residents reviewed in the sample of 21.	F03	14	F 314 Treatment/Services To Prevent/Heal Pressure Soresit the policy of this facility to ensithat a resident who enters the facility without pressure sores does not develop pressure sor unless the individual's clinical condition demonstrates that the were unavoidable; and a resid having pressure sores receive necessary treatment and servito promote healing, prevent infection, and prevent new sor from developing. Corrective Active For The Resident Affected: The physician was notified of the decline in the resident's pressure and implemented for the treatment of her pressure area and orders were received and implemented for the treatment of her pressure area. The resident had been declining for several weeks and her decended in her passing away the day after the close of our surve Other Residents Having The Potential To Be Affected: All residents having pressure sore have the potential to be affected. The charts of all residents with	es ey ent s ces es tion e line e ey.	07/04/2012

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet

Page 9 of 19

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		155715	B. WIN	G		06/21/2012	
NAME OF I	PROVIDER OR SUPPLIER		•	STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF F	KOVIDEK OK SUPPLIER			111 W	CHURCH AVE		
LUTHER	AN COMMUNITY F			SEYMO	DUR, IN 47274		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE	
	Neither of the Cl	NA's commented on the			pressure sores were audited to assure that current)	
	open area.				documentation is accurate and	.	
					that the wound treatment is		
	On 06/19/12 at 10:45 a.m. LPN #1 and				appropriate for the stage of the	e	
	RN #1 were obse	erved to provide			wound. (Attachment titled		
		e for Resident #34. The			Weekly Wound Audit). The		
					charts were also audited to		
	resident was observed to have been incontinent of stool and urine. While				ensure that the appropriate	o of	
					communication and notification the physician was occurring.		
	providing incontinence care, an open area was observed in the resident's mid inner buttocks. LPN #1 indicated she thought a				of the other resident's care and		
					notification was found to be	^	
					appropriate.New wound proce	ss	
	dressing had bee	n placed on the area last			checklists with step-by-step		
	evening shift and	l it had probably fallen			instructions on how to handle		
	off during care a	nd the CNA's had			pressure areas were develope	d.	
	forgotten to tell t	the nurse. LPN #1 was			(Attachment titled Wound	ma	
		nse the open area with			Process Checklist). SBAR for for pressure ulcer status	IIS	
		d applied a piece of			notification was initiated for		
		and been moistened with			nursing staff to use in notifying	,	
	_	er the resident's open			the physician of significant		
		_			changes in wound status, to		
	ĺ	e area with a foam			request treatment changes, ar		
	_	cured the dressing with			to suggest possible appropriat wound treatments. (Attachme		
	cover-roll.				titled SBAR; Pressure Ulcer	in	
					Status Notification). A referen	ce	
	Interview of LPN	N #1 on 06/19/12 at 10:45			sheet was developed for making		
	a.m. indicated sh	e needed to instruct the			treatment recommendations to	=	
	CNA's via the K	iosk (computer charting			the physician based upon the		
		otify nursing when			wound stage and this is includ	ed	
	· /	ressing came off.			in the new wound process packet. (Attachment titled		
		<i>G</i>			Treatment Recommendations		
	Review of Resid	ent #34's clinical record			Reference Sheet). The daily		
	Review of Resident #34's clinical record				documentation of pressure		
	on 06/18/12 at 4:15 p.m. indicated the following:			areas was revised. (Attachme	nt		
				titled Pressure Ulcer Daily			
					Documentation). New forms		
	Resident #34 had	d diagnoses which			were placed in the nurses note	;ъ	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet

Page 10 of 19

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULT	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	V БІШ БВ	NG	00	COMPL	ETED
		155715	A. BUILDIN	NG		06/21/	2012
			B. WING	TDEET A	DDRESS, CITY, STATE, ZIP CODE		
NAME OF F	PROVIDER OR SUPPLIEF	8					
	ANI CONANALINITY I	IONAE			CHURCH AVE		
LUTHER	AN COMMUNITY F	IONE	l °	SE Y IVIO	UR, IN 47274		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	I	D	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL	PRI	EFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROPRIATION	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	T	AG	DEFICIENCY)		DATE
	included, but we	re not limited to,			and pink pressure ulcer alert to		
	Diabetes, and M	Iulti-Infarct Dementia.			were placed on the spine of th		
	ŕ				charts of residents with pressu	ire	
	An annual MDS	[minimum data set]			areas. (Attachment titled Pressure Alert). The Weekly		
	assessment, dated 03/10/12, indicated				Pressure Ulcer Healing Record	Ч	
	•				forms were revised to make th		
		ognitive status was			easier for all nursing staff to		
		d, the resident required			complete accurately.		
	extensive assista	nce of staff for transfers,			(Attachment titled Weekly		
	bathing and hygiene, and bed mobility.				Pressure Ulcer Record). Nurs		
	The MDS assessment indicated Resident				staff education was completed	lon	
	#34 required extensive assistance of staff				June 26th and 28th to provide		
	for bed mobility, was at risk for skin				training related to pressure uld with a focus on staging, treatm		
	breakdown and had a stage 1 pressure				recommendations and proper	lent	
					physician notification.		
	_	time of the MDS			(Attachment titled Pressure		
	assessment.				Ulcers Staff Education POC		
					2012). The new forms and		
	A physician's far	x order, dated 03/08/12,			process for handling new and		
	indicated, "Ne	w open area on bony			worsened pressure areas was		
		x [by] 0.5 x [less than			discussed.Systemic Changes		
	_	The fax order indicated			And Steps To Ensure That The Deficient Practice Does Not	е	
	_				Recur: Pressure ulcer training	a/ill	
	_	as to have a daily and as			occur during new employee	vv (11	
		reatment of - cleansing			orientation that will focus on or	ur	
		normal saline, and			policy with emphasis on stagin		
	1130	tic ointment followed by			and MD notification for change	es	
	Collagen and Al	levyn dressing (wound			in wound status. (Attachment		
	treatment)				titled Pressure Ulcers Staff		
					Education NEO). A wound	1	
	A physician's re-	write, signed 5/26/12,			process checklist was develop that will guide the staff in their	ea	
	1 1	, ,			care and will be turned into the	۵ .	
	included an order which was started				Director of Nursing or her		
	5/25/2012, for "Facility Barrier Cream -				designee for review. (Attachm	ent	
	apply to coccyx, buttocks, & peri area				titled Wound Process Checklis		
	three times a day	for maintenance."			These will then be forwarded t		
					the wound care nurse. The		
	Copies of Treats	ment Sheets were			Director of Nursing or her		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	IULTIPLE CC	ONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A DIII	II DINC	00	COMPL	ETED
		155715	A. BUI B. WIN	ILDING		06/21/	2012
			B. WII		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIE	R					
LUTUED	AN COMMUNITY I	JOME			CHURCH AVE		
LUTHER	AN COMMUNITY I	HOME		SETIVIC	DUR, IN 47274		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	provided by LP1	N #1 on 06/19/12 at 11:35			designee will visualize each		
	a.m. The Treatn	nent Sheets included the			pressure area in the building		
	months of May	and June 2012. Both the			weekly and review documenta		
		eatment sheets had an			in the clinical record for accura	асу	
		s dated, 05/25/10, for			and appropriate physician notification. The Director of		
					Nursing will keep an audit tool	to	
	I -	Cream - apply to coccyx,			track her weekly wound check		
	1 *	area three times a day for			(Attachment titled Weekly Wou	und	
	maintenance.				Audit).Monitoring of Corrective	;	
					Action:Audit results will be		
	A "Daily Monito	oring For Pressure Ulcers"			reviewed by the Quality		
	sheet, dated Apr	ril, 2012, indicated a			Assurance Committee monthly	/	
	_	ssure sore was healed on			for six months. If the appropriate care and		
	04/11/12.	75 410 561 0 W 4 5 11 04104 611			documentation is completed		
	04/11/12.				100% of the time, monthly		
		1 . 104/05/10 0.00			monitoring will be stopped and	I	
		dated 04/25/12 at 2:00			random audits will occur. A		
		MD responded back to			sample size of 25% will be		
	area reported on	coccyx. N.O. may have			completed monthly. If		
	wound care nurs	se eval [evaluate] and tx			opportunities for improvement	are	
	[treat] area on co	occyx."			identified through the random audit, a full audit will resume.	ıŧ	
		•			after 6 months of random audi		
	A nurse's note d	ated 04/25/12 at 8:00 p.m.			100% compliance continues,	ιο,	
		xed at area on coccyx.			auditing will stop. Pressure ar	eas	
		_			will always be an area of conc	ern	
		to have opened up &			and will continue to remain on		
		l area. Area Pressure I			agenda monthly for the Quality		
		0.3 x (less than sign) 0.1.			Assurance Committee to revie	W	
	Cont A&D ointr	ment q shift. Relies on			and discuss.		
	staff for care. Ir	ncont of B&BWill					
	continue to mon	itor" This nurse's note					
	was signed by L						
	Interview of I Di	N #2 on 06/19/12 at 2:00					
	-	PN #2 was the wound					
		‡2 indicated the doctor					
	usually just wan	ted him (LPN #2) to use					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet Page 12 of 19

		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER: 155715	A. BUILDING 00			COMPLETED 06/21/2012		
		1557 15	B. WIN			06/21/20)12	
NAME OF F	PROVIDER OR SUPPLIE	2			DDRESS, CITY, STATE, ZIP CODE			
LUTHER	AN COMMUNITY F	HOME			PUR, IN 47274			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX TAG	`	ICY MUST BE PERCEDED BY FULL R LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		TE (COMPLETION DATE	
TAG				TAG			DATE	
	his (LPN #2's) own judgement for assessing and treatment of wounds.							
	assessing and tre	aument of wounds.						
	Interview of LP	N #2 on 06/20/12 at 1:55						
		ressure I meant the area						
	was a stage 1 ar							
	Review of "Pres	sure Ulcers in the Long						
	Term Care Settin	ng- copyright 2008" a						
	stage 1 ulcer was	s identified as, "intact						
	skin with non bla	anchable redness of a						
	localized area." The documentation							
	_	e 2 pressure ulcer as being						
	"partial thicknes							
	1	hallow open ulcer with a						
	_	ed, without slough*.						
	May also presen							
	open/ruptured se	erum-filled blister."						
l	A nurse's note da	ated 05/01/12 at 7:45 p.m.						
	indicated, "Asse	ssed pressure 1 area to						
	coccyx area now	pink. Cont A&D						
	ointment q [ever	y] shiftDepends on						
		ill cont to observe wkly						
		nurse's note was signed						
	by LPN #2. A "Weekly Pressure Ulcer Healing Record," dated 05/01/12 indicated,							
l								
		d a pink closed area -						
	"continue to mor	nitor wkly [weekly]."						
1	A nurse's note da	ated 05/14/12 at 5:00 a.m.						
	indicated, "Observed Res [Resident #34]							

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet

Page 13 of 19

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING 00			COMPLETED		
		155715	B. WIN			06/21/	2012
NAME OF F	PROVIDER OR SUPPLIER	\ \			DDRESS, CITY, STATE, ZIP CODE		
LUTHERAN COMMUNITY HOME					CHURCH AVE		
				SEYMO	UR, IN 47274		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	`	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	ΓE	COMPLETION DATE
TAG		<u> </u>		TAG	Birtelinery		DATE
	_	area 2 cm x cm (sic) on					
	1	ea is pale/pink, no odor,					
	wound nurse] (L	O notified. [Name of					
		from MD to have					
	_						
	& treat."	re nurse) (LPN #2) eval					
	🗴 ११८४१.						
	A nurse's note de	ated 05/14/12 at 9:10 p.m.					
		[new order] received to					
	· · · · · · · · · · · · · · · · · · ·	e nurse evaluate et treat					
	area on coccyx. Wound care nurse						
	notified of area.						
	A nursals nota de	ated 05/15/12 at 9:00 p.m.					
		ssed area on coccyx. Stg					
		cont to be pink. Cont					
	A&D ointment of	-					
		of B & B" This					
		signed by LPN #2.					
	nuise's note was	signed by Li iv #2.					
	A "Weekly Press	sure Ulcer Healing					
	1	5/15/12 indicated					
		d a pink stage 1 area on					
	her coccyx.	a a principulaçõe i area on					
	nor coogn.						
	A nurse's note da	ated 05/22/12 at 9:00 p.m.					
		ssed pressure 1 area to					
	· · · · · · · · · · · · · · · · · · ·	chronic condition & will					
	1	for area to be continue					
	_	c). Area is opened this					
		g 0.4 x 0.4 x (less than					
		nue A&D ointment q					
		e's note was signed by					
	5.111611115 11415	ob field was signed by		l			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet

Page 14 of 19

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA				(X3) DATE S	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	a. building 00		00	COMPLETED	
		155715	B. WIN			06/21/2	2012
NAME OF F	PROVIDER OR SUPPLIER	₹			ADDRESS, CITY, STATE, ZIP CODE		
LUTHERAN COMMUNITY HOME					CHURCH AVE DUR, IN 47274		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX		ICY MUST BE PERCEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		TE	COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			TAG DEFICIENCY)		-	DATE
	LPN #2.						
		re ulcer healing record					
		ndicated Resident #34					
		.4 cm stage 1 pressure					
	· ·	yx "Area opened up.					
	Cont [Continue]						
	(preventative oir	ntment frequently used for					
	diaper rash)."						
		lated 05/24/12 at 8:30					
	p.m., indicated a	physician's response to					
	Resident #34's b	lood sugars. The nurse's					
	note lacked docu	imentation supporting the					
	physician was no	otified of Resident #34					
	having a new op	en area.					
	A Weekly Press	ure Ulcer Healing Record,					
	dated 05/31/12,	indicated, "Area open -					
	wound 1 x 1 cm	[centimeter] 0.2 cm deep,					
	stage 2covered	l wound with moist					
	collagen & Allev	vyn dsy [dressing]."					
	A nurse's note da	ated 05/31/12 at 10:30					
	p.m. indicated, "	When checking Res					
	(Resident #34's)	coccyx, found that area					
	has re-opened approx [approximately] 1.0						
	x 1.0 cm, round in appearance,						
	pink/dusky in co	olor. 0 [No] drainage.					
	1 -	leep. Cleansed area c					
	* *	line]. Applied moistened					
	_	I treatment) to area, then					
		(wound treatment) Thin					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet

Page 15 of 19

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING 00			COMPLETED	
		155715	B. WIN	G		06/21/2012
NAME OF F	PROVIDER OR SUPPLIER			STREET A	ADDRESS, CITY, STATE, ZIP CODE	
					CHURCH AVE	
LUTHERAN COMMUNITY HOME				SEYMO	DUR, IN 47274	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY)	
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
	l '	g in care track for wound				
	`	#2)." During interview,				
		30 A.M., with LPN #3,				
		e had applied the collagen				
	1	ause the area was open				
		te in caretracker for the				
		ne indicated she thought				
		a dressing as it was open.				
		d she had not notified a				
	physician.					
	The next entry of	on the Weekly Pressure				
	Ulcer Healing Ro	ecord, dated 06/05/12,				
	indicated the are	a was "improved" and				
	A&D ointment v	vas used. Wound				
	measurements fo	or this date were 0.8 cm x				
	0.7 cm, a stage 2	pressure ulcer.				
	A Weekly Pressu	are Ulcer Healing Record,				
	dated 06/12/12 i	indicated Resident #34's				
	coccyx area wou	nd measured 0.2 x 0.6				
	cm. and A&D oi	ntment was the treatment				
	at this time, a sta	ge 2 pressure ulcer.				
	A nurses notes e	ntry, dated 6/14/12 8				
	p.m., indicated "	assessed pressure I area				
	to coccyx. Measi	ures .2 by .2 by less than				
	.1. A & D contii	nues every				
		dependant on staff for all				
	care"	-				
	A physician's tel	ephone order, dated				
		ted, "Pressure Area to				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet Page 16 of 19

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING 00			COMPLETED		
		155715	B. WIN	G		06/21/2012	
NAME OF PROVIDER OR SUPPLIER				STREET A	ADDRESS, CITY, STATE, ZIP CODE		
The Later Control of the Control of					CHURCH AVE		
LUTHERAN COMMUNITY HOME				SEYMO	OUR, IN 47274		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROPRIATION		
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE	
	,	e c NS [Normal Saline]					
	11	piece, foam & cover q day					
	& prn x 7 days &	t re-eval."					
		ed evidence of the					
	^ '	g been notified of the area					
	^ ~	stage 1 pressure area on					
		2 pressure area on					
		naining a stage 2 pressure					
	area, until 6/18/1	2.					
		N #2 on 06/19/12 at 2:00					
	1 ^	e was the wound nurse					
		n usually wanted LPN #2					
	to assess the wor	and do what he					
	wanted to do (fo	r treating wounds)."					
	On 06/20/12 at 1	:35 p.m. LPN #2 was					
	observed to mea	sure the area on Resident					
	#34's coccyx. The	he area measured 1.5					
	length x 1.1 widt	th x 1.5 depth. The area					
	was observed to	have yellow slough in					
		surrounding the slough.					
	_	d the area was a stage III					
	area.	Č					
	The clinical reco	rd was reviewed on					
	6/21/12 at 9:00 A	A.M. and documentation					
	was lacking of th	ne facility having made					
	1	rare of the area worsening					
	to a stage 3 press						
	Dogumentation	on A&D ointment was					
		DON on 06/19/12 at 3:35					
	provided by the	DON OH 00/17/14 at 3.33				ĺ	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet Page 17 of 19

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		î '			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING 00			COMPLETED	
		155715	B. WIN			06/21/2012
NAME OF F	PROVIDER OR SUPPLIER	\ \			ADDRESS, CITY, STATE, ZIP CODE	
					CHURCH AVE	
LUTHERAN COMMUNITY HOME				SEYMO	OUR, IN 47274	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)
PREFIX TAG				PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		COMPLETION DATE
TAG		· · · · · · · · · · · · · · · · · · ·		TAG		DATE
	1 *	lentation indicated A&D				
		kin protectant which				
	_	nd prevent diaper rash out wetness. The				
	_	ndicated the A&D				
		be used with each diaper ly at bedtime when				
		•				
	exposure to wet or prolonged.	diapers may be				
	protonged.					
	Interview of I PN	N #2 (Wound Nurse) on				
		p.m. indicated the				
		r the "House Barrier				
	Cream" was A&					
	Cicam was A&	D omunicit.				
	A policy stateme	ent titled "Pressure Ulcer				
	Treatment" was	provided by the DON on				
	06/19/12 at 2:40	p.m. The policy was not				
	dated. The polic	y statement indicated,				
	"Policy Statemer	nt: Treatment of a				
	pressure ulcer w	ill vary depending on the				
	orders of the atte	ending physician. Since				
	there is marked of	liversity in the treatment				
	of pressure ulcer	s, no one specific				
	treatment is iden	tifiedWhen a pressure				
	ulcer is identified	d, a licensed nurse				
	initiates a preven	ntative plan of care,				
	notifies the phys	ician regarding treatment				
	and documents n	otification in the clinical				
	record, initiates t	he weekly pressure ulcer				
		tes daily documentation				
	of the woundI	f the ulcer is not healing,				
	reassess the treat	ment plan. If necessary,				
	the plan and stra	tegies should be revised				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet

Page 18 of 19

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/05/2012 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 06/21/2012	
		1007 10	B. WING		UO/2 1/2U 12
NAME OF I	PROVIDER OR SUPPLIE	R		ADDRESS, CITY, STATE, ZIP CODE	
 UTHFR	AN COMMUNITY I	HOME		CHURCH AVE DUR, IN 47274	
(X4) ID		STATEMENT OF DEFICIENCIES	ID		(X5)
PREFIX		NCY MUST BE PERCEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	DATE
	if progress is no weeks"	t noted within 2-4			
	3.1-40(a)(2)				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: GP8211

Facility ID: 000347

If continuation sheet Page 19 of 19